

**AMERICAN CLIPPER OWNERS CLUB  
MEMBERSHIP APPLICATION**

Please complete in print or type. Membership fee is \$30.00 for new memberships and \$25.00 for renewals.

Mail the completed form with a check or money order, made payable to AMERICAN CLIPPER OWNERS CLUB, to:

ACOC Membership Registration  
c/o Kathy Guerrero #2864  
P.O. Box 25  
Alviso, CA 95002-0025

Member information will be provided to other members via the Club Roster.

Only the screen name, Clipper year, chassis make, engine, and floor plan will be made available on the ACOC website.

MEMBERSHIP TYPE	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

**MEMBER INFORMATION**

LAST NAME	FIRST NAME	SPOUSE'S FIRST NAME
ADDRESS (Street number and name or P.O. Box)		
CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS	ACOC WEBSITE SCREEN NAME

**CLIPPER INFORMATION**

YEAR	CHASSIS MAKE <input type="checkbox"/> Dodge <input type="checkbox"/> Chevrolet	ENGINE <input type="checkbox"/> 360 <input type="checkbox"/> 400 <input type="checkbox"/> 440
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LAST SEVEN DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN) - To be used for historical information only; will not be published

MODEL (Select length and then parts as appropriate for chosen length)

<input type="checkbox"/> 21 foot	<input type="checkbox"/> 24 foot
<input type="checkbox"/> Rear Kitchen <input type="checkbox"/> Side Kitchen <input type="checkbox"/> Bunk Beds	<input type="checkbox"/> Dinette <input type="checkbox"/> Foldaway Bed
<input type="checkbox"/> Dinette <input type="checkbox"/> L Dinette	<input type="checkbox"/> Loveseat <input type="checkbox"/> 2 Chairs <input type="checkbox"/> 1 Chair
<input type="checkbox"/> Sofa <input type="checkbox"/> 2 Chairs	<input type="checkbox"/> 3/4 Bed <input type="checkbox"/> Bunks <input type="checkbox"/> Foldaway Bed

**CLUB REFERRAL INFORMATION**

REFERRED BY (First and Last Name or Screen Name)

BACK ISSUES OF AMERICAN CLIPPER NEWSLETTER WERE PROVIDED WHEN YOU BOUGHT YOUR CLIPPER <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT IS THE LAST ISSUE NUMBER RECEIVED
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**ACOC USE ONLY**

DATE RECEIVED	PROCESSED BY	DATE PROCESSED	MEMBERSHIP NUMBER
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